

Position(s) Applied For: _____ Date of Application: _____

Have you previously been employed by Reno Diagnostic Centers? No Yes If yes, when? _____

If your application is considered favorably, on what date will you be able to work? _____

Name: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City, State) (Zip)

Social Security No.: _____ Telephone No.: _____

Please answer the following questions:

Are you legally eligible for employment in the USA? Yes No

Are you of the legal age to work? Yes No

Are you a citizen of the USA? Yes No

Are you seeking a permanent position? Yes No

Have you ever been convicted for any violation(s) of law? Yes No

If yes, please provide the following information (add additional pages, if necessary):

Description of Offense: _____

Statute or Ordinance (if known): _____

Date of Charge: _____ Date of Conviction: _____

County, City, State of Conviction: _____

EMPLOYMENT HISTORY

List below present and past employment for the last 10 years, beginning with your most recent. Use Supplementary Employment History Form(s) for additional space.

1. Name of Employer: _____
 Address: _____ Dates Employed: _____
 Telephone: _____ Supervisor: _____
 Duties: _____ Salary Information: _____
 Reason for Leaving: _____

2. Name of Employer: _____
 Address: _____ Dates Employed: _____
 Telephone: _____ Supervisor: _____
 Duties: _____ Salary Information: _____
 Reason for Leaving: _____

3. Name of Employer: _____
 Address: _____ Dates Employed: _____
 Telephone: _____ Supervisor: _____
 Duties: _____ Salary Information: _____
 Reason for Leaving: _____

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signature of Applicant: _____

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? No Yes If yes, which Branch? _____

If you served in the U.S. Armed Forces, were you honorably discharged? Yes No

EDUCATION INFORMATION

Elementary School:

Name of School: _____

Address: _____

Select:

Less than 8th Grade

Completed 8th Grade

High School:

Name of School: _____

Address: _____

Select:

Attended High School

High School Graduate

If you did not complete high school, do you have a high school equivalency diploma? Yes No

College:

Name of School: _____

Address: _____

Degree(s) and/or Certificate(s): _____

Select:

Attended College

Associates Degree

Bachelors Degree

Masters Degree

Ph.D. or Prof. Degree

Ongoing Education: If you are in the process of completing or expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

Degree(s) or Program(s): _____

Expected Completion Date(s): _____

Additional Information: Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

LICENSES AND CERTIFICATES

List any licenses, certificates, or other authorization to practice a trade or profession:

Type: _____ Lic. No.: _____ Issued By: _____

Type: _____ Lic. No.: _____ Issued By: _____

Type: _____ Lic. No.: _____ Issued By: _____

Type: _____ Lic. No.: _____ Issued By: _____

Type: _____ Lic. No.: _____ Issued By: _____

REFERENCES

1. Name: _____ Relationship: _____
 Address: _____ Telephone No.: _____
2. Name: _____ Relationship: _____
 Address: _____ Telephone No.: _____
3. Name: _____ Relationship: _____
 Address: _____ Telephone No.: _____

MISCELLANEOUS INFORMATION

- What shift will you accept (check all that apply)? Day Night Rotating Weekends
- What job status will you accept (check all that apply)? Full-time Part-time (specify): _____
- What employment status will you accept (check all that apply)? Salaried Hourly Part-time Salaried
- Are you willing to accept employment that requires you to travel? Yes No
- Are you willing to provide your own transportation, if necessary, for your employment? Yes No
- For the purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

HOW DID YOU FIND US?

- How did you find out about this employment opportunity?
- Reno Diagnostic Centers Website
- Newspaper (please specify): _____
- Radio/TV (please specify): _____
- Internet Job Posting (please specify): _____
- Job Placement Agency (please specify): _____
- Other (please specify): _____

CERTIFICATION AND AUTHORIZATION

I hereby certify that all entries in this application and any attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand that all information in this application is subject to verification and I consent to any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of the employer's choice. I also consent that the employer may contact references, former employers and educational institutions listed regarding this application. I further authorize the employer to rely upon and use, as it sees fit, any information received from such contacts.

Each application requires an original signature and current date.

Signature of Applicant: _____ **Date:** _____



Employer Lynx, Inc. ®

501 East Caroline Street
Carson City, NV 89701
775-883-3733

Release Form

NOTICE/DISCLOSURE REGARDING BACKGROUND SCREENING OR CONSUMER INVESTIGATIONS

“The Employer” _____ may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or “investigative consumer report” which may include information about your character, general reputation, personal characteristics, mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicles records (“driving records”), verification of education, employment history, other background checks and, after an offer of employment, these reports may also contain workers compensation information in accordance with the Americans Disabilities Act conducted by Employer Lynx, Inc. You have the right upon written request made within a reasonable time after receipt of this notice to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice and authorization is all-encompassing, however, allowing **The Employer** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. This information will be used for background screening purposes only and will not be used solely as hiring criteria.

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by The Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, previous employer, insurance company or any other outside organization to furnish any and all background information requested by Employer Lynx, Inc. acting on behalf of The Employer. I agree that a facsimile (“fax”), electronic or photographic copy of the Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____

Other Names/Alias ever used _____ Phone Number () _____

Social Security # _____ Date of Birth _____ Drivers License # _____ State _____

Professional Licenses Held _____ State _____ Lic. # _____

Current Street Address _____ City _____ State _____ Zip _____

From: _____ to _____

Current Street Address _____ City _____ State _____ Zip _____

From: _____ to _____

Signature _____ Date _____

If this release is being used for USDOT regulated employment screening. In accordance with Parts 40.25, 391.23 and 382.413. I hereby authorize all my previous and present employers to release all information pertaining to DOT drug and alcohol testing as applicable to drivers employed by USDOT regulated employers. I authorize Employer Lynx, Inc. to conduct this background investigation in accordance with state and federal law and authorize my previous and present employers to release any information requested by Employer Lynx, Inc. and hold them harmless of all liability from the release of said information. I understand this information is held in strict confidence and used only for employment purposes.

ACKNOWLEDGEMENT AND AUTHORIZATION TO OBTAIN A CONSUMER CREDIT REPORT

I hereby authorize the obtaining of a “consumer report” and/or “investigative consumer report” by The Employer at any time after receipt of this authorization and throughout my employment, if applicable. Sign and date below if The Employer is requesting a Consumer Credit Report.

Signature _____ Date _____

ACKNOWLEDGEMENT AND AUTHORIZATION TO OBTAIN A WORKERS' COMPENSATION REPORT

Signature _____ Hire Date: _____

Sign if The Employer may request a Workers' Compensation Report: _____ Company Use Only

California applicants or employees only: By signing Acknowledgement and Authorization above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by The Employer whenever you have a right to receive such a copy under California law.

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Employer Lynx, Inc., and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository, Employer Lynx, Inc. can only rely on its accuracy from the public records data sources available at the time of the search.